

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

32781

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No.

Township

Primary Registration District No. 2001

Registered No. 735

City Springfield Mo (No. 633)

N. Campbell

St.

Ward)

2. FULL NAME

Infant Daughter of Woodrow E. Miller

(a) Residence, No.

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)

Baby

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 18 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, 5 hrs.  
or 8 min.

0

0

0

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

10. Date deceased last worked at  
this occupation (month and  
year)

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Springfield Mo  
Mo

FATHER

13. NAME

Woodrow E. Miller

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Boonville,  
Indiana

MOTHER

15. MAIDEN NAME

Lemona Mason

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Reedspring Mo  
Mo

17. INFORMANT  
(ADDRESS)

Woodrow E. Miller  
633 N. Campbell Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

10-18-33

19. UNDERTAKER  
(ADDRESS)

F. C. Pheme  
Springfield Mo

20. FILED

10-18-33

Ralph W. Tangeon  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 18, 1933

22. I HEREBY CERTIFY, That I attended deceased from  
Oct 18, 1933, to Oct 18, 1933

I last saw him alive on Oct 17, 1933 Death is said

to have occurred on the date stated above, at 9:30 m.

The principal cause of death and related causes of importance were as follows:

Immature Birth

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. H. Armstrong, M. D.

(Address) Springfield Mo

